



PTO/SB/21 (09-04)

REC

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	09/894,845
	Filing Date	June 27, 2001
	First Named Inventor	Paliard
	Art Unit	1635
	Examiner Name	J. Angell
16	Attorney Docket Number	PP001681.0002 (2300-1681)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input checked="" type="checkbox"/> Fee Attached (\$1810 check)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply (12 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input checked="" type="checkbox"/> Extension of Time Req (duplicate)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request for Continued Examination (1 page)		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Check for \$1810.00		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Return Receipt Postcard		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application				
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robins & Pasternak LLP		
Signature			
Printed name	Jenny Buchbinder		
Date	April 17, 2006	Reg. No.	48,588

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	Denise M. Vaillancourt	Date 4/17/06